



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control

P.O. Box 2042, Concord, NH 03302-2042

(603) 271-3550

FEE: \$20
NON-REFUNDABLE

COMMERCIAL PESTICIDE APPLICATOR APPLICATION

1. REGISTRATION TYPE _____
(please check two) _____ Initial _____ Supervisory
_____ Operational

2. INDICATE APPROPRIATE CATEGORIES OF LICENSURE

- | | |
|--|---|
| _____ (A1) Agricultural Pest Control – Fruit | _____ (F3) Termites and Wood Destroying Insects |
| _____ (A2) Agricultural Pest Control – Herbicides | _____ (F4) Fumigation |
| _____ (A3) Agricultural Pest Control – Field Crops | _____ (F5) Pole Treating and Wood Preservation |
| _____ (A4) Agricultural Pest Control – Animals | _____ (F6) Food Handlers |
| _____ (B) Right-of-way and Commercial Weed & Brush Control | _____ (F7) Sewer Root Control |
| _____ (C1) Forest Pest Control and Timber Treatment | _____ (F8) Microbial Pest Control |
| _____ (C2) Christmas Trees | _____ (G1) Shade and Ornamental Pest Control |
| _____ (D) Aquatic Pest Control | _____ (G2) Turf Pest Control |
| _____ (E) Public Health Pest Control | _____ (G3) Indoor – Foliar Pest Control |
| _____ (F1) Industrial, Institutional, Structural and Health
Related Pest Control (General Pest Control) | _____ (H) Demonstration & Research Pest Control |
| _____ (F2) Mosquito and Black Fly | _____ (I) Regulatory |
| | _____ (J) Aerial Pest Control |

*(NOTE: EXAM FEES ARE AN ADDITIONAL \$5 PER CATEGORY)

3. APPLICANT NAME _____ HOME PHONE _____

APPLICANT STREET ADDRESS _____

APPLICANT MAILING ADDRESS _____

_____ ZIP _____

4. FIRM NAME _____ WORK PHONE _____

FIRM ADDRESS _____

_____ ZIP _____

5. LIST THE NAMES AND ADDRESSES OF THE OWNERS, OFFICERS, OR TRUSTEES OF THE ENTITY APPLYING PESTICIDES, WHETHER OR NOT THE ENTITY IS INCORPORATED

NAME

ADDRESS

_____	_____
_____	_____
_____	_____

6. IF YOU ARE A NON-RESIDENT OF NEW HAMPSHIRE, FURNISH THE NAME AND ADDRESS OF A PERSON WHOSE DOMICILE IS IN THE STATE OF NEW HAMPSHIRE AND WHO IS AUTHORIZED TO RECEIVE AND ACCEPT SERVICES OF SUMMONSES AND LEGAL NOTICES OF ALL KINDS ON YOUR BEHALF.

NAME OF LEGAL REPRESENTATIVE _____

ADDRESS OF LEGAL REPRESENTATIVE _____

*CHECK HERE IF YOU ARE A NEW HAMPSHIRE RESIDENT: _____

7. BEING THE SUPERVISORY LICENSE HOLDER FOR THIS FIRM, I UNDERSTAND:

- A) THAT THE PERSON LISTED UNDER SECTION 3 – APPLICANT (IF OTHER THAN MYSELF) IS AN EMPLOYEE OF MY FIRM AND UNDER MY SUPERVISION;
- B) THAT I AM REQUIRED TO LIST BELOW ANY CHANGES IN THE STATUS OF THIS FIRM:

NAME OF FIRM _____

ADDRESS OF FIRM _____

PRINCIPLE SUPERVISORY LICENSE HOLDER _____

ADDRESS OF SUPERVISORY LICENSE HOLDER _____

*CHECK HERE IF NO CHANGES HAVE OCCURRED _____

- C) THAT THE FIRM'S INSURANCE COVERAGE MEETS OR EXCEEDS THE MINIMUM REQUIREMENTS AS STATED IN PES 302.03 FOR **ALL** OF THE FIRM'S EMPLOYEES FOR THE DURATION OF THE ONE YEAR LICENSING PERIOD.

INSURANCE LEVELS

GROUND APPLICATION

AIRCRAFT APPLICATION (AERIAL)

* Bodily Injury
Liability

50,000 each person
100,000 aggregate

100,000 each person
300,000 aggregate

* Property Damage

50,000 each occurrence

100,000 each occurrence

*COVERAGE ABOVE, ALTHOUGH IT MAY NOT INCLUDE CHEMICAL LIABILITY, AS IT WOULD RELATE TO POLLUTION COVERAGE, MUST INCLUDE PRODUCTS/COMPLETED OPERATIONS AND LIABILITY COVERING DAMAGES OR INJURY THAT MAY RESULT FROM THE APPLICATION OF PESTICIDES.

HAVING READ THE FOREGOING, I ATTEST THAT THESE CONDITIONS (A, B, & C) ARE UNDERSTOOD AND HAVE BEEN FULFILLED.

PRINT NAME _____

(DATE)

(SIGNATURE OF SUPERVISORY LICENSE HOLDER)

8. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION IS GROUNDS FOR DENIAL OF REGISTRATION (LICENSING) OR ANY OTHER ENFORCEMENT ACTION AS DEEMED APPROPRIATE.

PRINT NAME _____

SIGNATURE OF APPLICANT _____

DATE _____

- IMPORTANT -

NO LICENSES WILL BE ISSUED UNLESS ALL SECTIONS (1-8) ARE COMPLETED PROPERLY!